

**STATE UNIVERSITY OF NEW YORK**  
**Charge of Discrimination**

This form is to be used to file a charge of discrimination based on RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, SEXUAL ORIENTATION, VETERAN'S STATUS, AGE, DISABILITY, MARITAL or PARENTAL STATUS or SEXUAL HARASSMENT.

CAMPUS \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

(PLEASE PRINT OR TYPE) \_\_\_\_\_

1. Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Campus Address: \_\_\_\_\_ Status: \_\_\_\_\_  
(Faculty, Staff, Graduate, Undergraduate)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. ALLEGED DISCRIMINATION WAS BASED ON (please check all that apply):

Race or Color \_\_\_ Religion \_\_\_ National Origin \_\_\_ Sexual Orientation \_\_\_ Veteran's Status \_\_\_

Sex \_\_\_ Age \_\_\_ Disability \_\_\_ Marital/Parental Status \_\_\_ Sexual Harassment \_\_\_

3. Alleged Discrimination took place on or about: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Check if alleged discrimination is continuing \_\_\_ Yes \_\_\_ No

4. Respondent(s) Name(s) \_\_\_\_\_

Title (if known) \_\_\_\_\_

5. Please check the appropriate box(es):

I have filed an informal complaint on \_\_\_\_\_  
Date

I elect to utilize the informal complaint process as described in Part A, p.3 of the Internal Discrimination Procedure.

I elect to proceed immediately to file a formal complaint as described in Part B, p.4 of the Internal Discrimination Procedure.

6. Have you filed this charge with a federal, state or local government agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, with which agency? \_\_\_\_\_ When? \_\_\_\_\_

7. Have you instituted a suit or court action on this charge?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, with which court? \_\_\_\_\_ When? \_\_\_\_\_

Court address \_\_\_\_\_

Contact Person \_\_\_\_\_

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Describe briefly the act which occurred and your reason for concluding it was discriminatory,  
(attach extra sheets if necessary):

9. I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit form to Office of Equity and Campus Diversity, GC 415